



BE INSPIRED! GET CONNECTED! WALK MS.

Name:	Location:
Team:	Participation Type:
Employer:	
Email:	
Street Address:	
City, State Zip:	
Phone:	
Amount Raised (confirmed):	\$
Unconfirmed Matching Gifts:	\$
Amount Turned in Today (if any):	\$
Total Raised (Confirmed + Unconfirmed Matching + Today):	\$

Based on Total Raised, you qualify for the following items:

- ☐ T-shirt \$125+
- ☐ Long Sleeve T-shirt and Walk MS Medal \$500+

Other walkers: Please list the name(s) and date(s) of birth of any minor(s) under the age of 18 walking with you today, who live at the same address and who are not turning in money:

WAIVER

In consideration for being permitted to participate in Walk MS, I voluntarily agree for myself, heirs and assigns to the following:

1. TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, OR PERSONAL INJURY OR PROPERTY DAMAGE as a result of participating in Walk MS.
2. TO RELEASE, WAIVE, AND COVENANT NOT TO SUE the National MS Society including staff and volunteers from any and all liability, claims, or losses relating to this event.
3. BY SIGNING BELOW, I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE COMPLETE WAIVER AND RELEASE which can be found at walkMS.org.

Signature: _____

Guardian signature (if under 18): _____

Date: _____